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Nova Southeastern University

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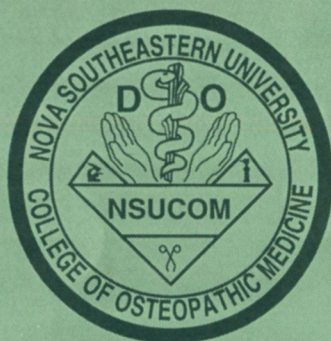
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*"Medical Education  
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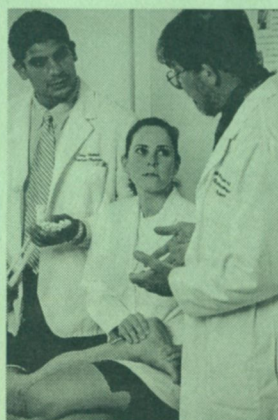
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## **NBOME Adds Performance Evaluation Component**



The National Board of Osteopathic Medical Examiners (NBOME) announced that it will incorporate a standardized patient-based clinical skills examination into COMLEX-USA Level 2 in the 2004-2005 academic year. Testing will be available as early as September 15, 2004, at NBOME's Center for Clinical Skills Testing in Philadelphia. The examination measures doctor-patient communication and the doctor-patient relationship, medical history taking, physical examination skills including osteopathic palpatory skills, osteopathic medical manipulation, written communication skills in the form of a SOAP note, and some aspects of clinical problem solving, differential diagnosis, and formulation of a therapeutic plan.

It is likely that in 2004-2005 all physicians, osteopathic (i.e., COMLEX) and allopathic (i.e., USMLE), wishing to become licensed will be required to demonstrate proficiency in clinical skills by passing a clinical skills assessment examination. The examination is being designed to operate throughout the year, including scheduled examination administrations on weekends as well as double testing on certain days to meet the scheduling needs of candidates. Candidates will be able to schedule themselves by May or June 2004.

*(FACT SHEET. COMLEX-USA Level 2-PE: "The performance evaluation component of the comprehensive osteopathic medical licensure examination Level 2." National Board of Osteopathic Medical Examiners. October 2003.)*

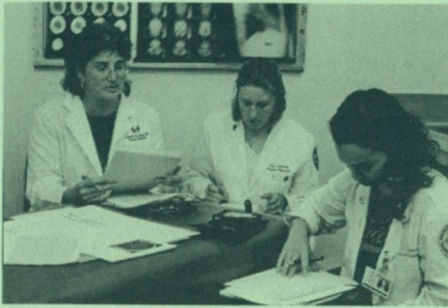
## **Observation of Clinical Training Skills by Faculty**

It is important that the improvement of the evaluation of clinical skills by faculty be a high priority in both medical schools and residency programs. This is most essential in residency programs since this is the last opportunity to ensure adequate clinical skills before practice. The introduction of the clinical skills component of part 2 of the United States Medical Licensing Examination (USMLE) is an opportunity to evaluate clinical skills in trainees, but faculty members must improve their skills as evaluators and providers of feedback to students. It is recommended that such skills be given higher priority by deans, department chairs, and residency program directors. Faculty development in clinical skills and evaluation is needed and can be effective. Core groups of clinician-educators can serve as experts in clinical skills teaching and evaluation. They can also serve as mentors of other faculty. A system needs to be developed to evaluate the evaluations. Finally, national and regional certification, evaluation, and accreditation groups should provide resources to perform research and development of new faculty training programs.

*(Holmboe ES. "Faculty and the observation of trainees' skills: Problems and opportunities." Academic Medicine. 79:16-22; 2004.)*



# Medical Students Learn About Activism

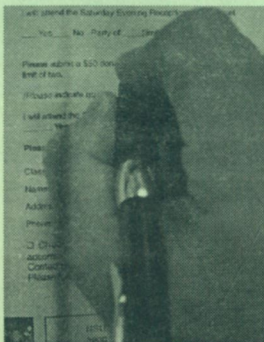


The Albert Einstein College of Medicine is offering a course in research-based health activism at the Montefiore Medical Center in the Bronx. The class draws medical students from all over the nation for the month-long course that focuses on creating change in both patients' lives and in health policy. Several other medical schools are offering similar courses, such as Case Western Reserve, the University of North Carolina, and the University of Pennsylvania. An example of the influence of activism in medicine is the campaign raged by Semmelweis, the great 19<sup>th</sup> century obstetrician, to get physicians to wash their hands to prevent puerperal fever among patients. A modern day physician advocacy group, the International Physicians for the Prevention of Nuclear War, won the 1985 Nobel Peace Prize.

A project to help lower health care costs by researching the effect of marketing campaigns for brand named drugs is being conducted by a University of Wisconsin student who is enrolled in the course. Students hear from physician advocates such as Bertrand Bell, M.D., who led a successful campaign to reduce residents' work hours in New York State. Students in the course conduct research relating to issues in health care they feel need to be addressed and are then encouraged to try to influence public opinion. There is a focus in the course on such issues as Medicare, treating the uninsured, creating advocacy organizations, and using scientific findings to lobby.

*(Lerner S. "Medical students go beyond books to learn about activism." New York Times. December 2, 2003.)*

## Gender in Medicine Examined in Study

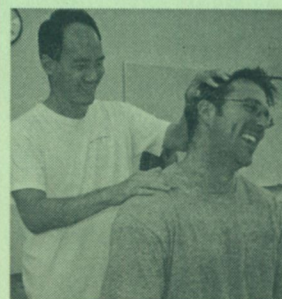


A survey was done of physician teachers at a Swedish medical school to determine their attitudes toward the importance of gender in professional relations. The survey also assessed if gender of the physician is related to such attitudes. The survey of 468 physicians, of whom 29 percent were female, rated gender more important in patient care than in teaching.

The women physicians rated gender important in professional relationships to a greater degree than men. Both male and females assigned more importance to gender in patient-doctor encounters compared to those between teachers and students. Women physicians thought that gender discrimination and gender insensitivity were more of a problem than men did. The investigators believe that gender differences are probably underestimated since male respondents may have been uncomfortable in their response. They also believe that the gender differences in their study probably reflect more than attitudes, such as experiences and working conditions.

*(Risberg G, Johansson EE, Westman G, and Hamberg K. "Gender in medicine— an issue for women only? A survey of physician teachers' gender attitudes." International Journal of Equity in Health. 2:10; November 2003.)*

## Students Express OMT Attitudes

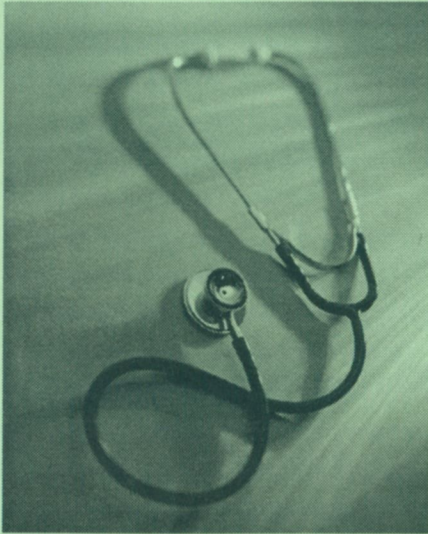


A study of osteopathic medical students in their preclinical years indicated that 73 percent thought they were prepared to perform structural examinations, while 71 percent believed they were able to use osteopathic manipulative therapy (OMT). However, between 64 and 73 percent of D.O. students prior to graduation felt they had an adequate amount of experience to use OMT during their clinical rotations. Furthermore, only 23 percent of students anticipated they would use palpatory diagnosis and OMT in the care of their future patients. In this study, computer-assisted clinical case SOAP note exercises and standardized patients were used to measure student behavior regarding structural examinations and the use of OMT. In addition, before the students left campus for clinical rotations and prior to graduation, they were questioned about the use of OMT and structural examinations.

*(Chamberlain N and Yates H. "A prospective study of osteopathic medical students' attitudes toward the use of osteopathic manipulative treatment in caring for patients." Journal of the American Osteopathic Association. 103:10; October 2003.)*



# Improving Clinicians' Learning Skills



A study of internal medicine residents and physicians from a Connecticut university (Yale University) internal medicine program was performed to determine the effects of a self-directed learning curriculum on physicians' learning behaviors. The curriculum included five components:

- *Performing a learning needs assessment*
- *Using appropriate learning resources*
- *Developing efficiency in reading medical journals*
- *Developing and supporting a learning plan*
- *Asking clinical questions*

A 30 item pre-, post-, and one-year follow-up test assessed the participants' self-learning behavior, abilities to generate clinical questions from a clinical scenario including strategies for answering these questions, and self-efficacy to perform specific self-directed learning behaviors. One half of the 43 participants indicated they had changed their learning behaviors as a result of the curriculum. The study concluded that it is feasible to implement a four-week curriculum in self-directed learning during a four-week internal medicine ward rotation and that this curriculum may improve components of self-directed learning.

*(Bravata DMT, Huot S, Abernathy HS, Skeff KM, and Bravata DMC. "The development and implementation of a curriculum to improve clinicians' self-directed learning skills: A pilot project." BMC Medical Education. 3:7; October 2003.)*

## Medical Students Overcome Disabilities

While legally blind, a student at the Western University of Health Sciences has employed his tactile and hearing skills to overcome his disability. Since the passage of the 1990 Americans With Disabilities Act, disabled students have gained access to every level of education, including medical school. It was rare in the past for them to receive an acceptance to a college of medicine. Jeffrey Lawler is a 43-year-old fourth-year medical student at Western University who expects to graduate near the top of his class in June 2004 and enter a physical medicine residency program. He has accomplished this in spite of the fact that he cannot read the numbers on a thermometer, his pager, or a sphygmomanometer.

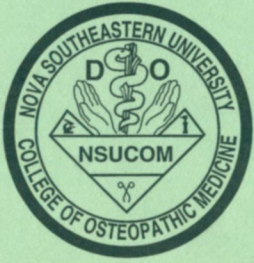
When he took the MCAT, he required the help of a reader and a scribe. Student doctor Lawler lost his sight from retinitis pigmentosa in 1993 after being afflicted with the disease for 20 years. Western University for the Health Sciences has a four-year-old Center for Disability Issues and the Health Professions that the director claims receives several calls monthly from students who want to enter a health-related profession. Lisa I. Iezzoni, M.D., a Harvard professor of medicine, authored a book titled *When Walking Fails: Mobility Problems of Adults with Chronic Conditions* that describes her own fight with multiple sclerosis.

People involved with the issue of disabled medical students worry that the physically disabled cannot fulfill the clinical requirements of medical school. The Association of American Medical Colleges plans to produce an updated view of the legal requirements for disabled medical students. There are no underwriting differences in medical liability policies for physicians with disabilities.

*(Villarosa L. "Barriers toppling for disabled medical students." The New York Times. November 25, 2003; pp. D5 and 8.)*



# Medical Students Inadequacy for Rotations



Medical schools may need to spend more time in the preparation students are given for their core clerkships, indicates Eric Bass, M.D., associate professor of medicine at Johns Hopkins University. A new six-week course at Hopkins is offered during the second year of medical school to groups of six students with one or two faculty members. In the course, they discuss communication skills and reasoning and role-playing takes place along with interviewing actors who portray patients. A survey was conducted of 190 directors of clerkships in internal medicine, family medicine, pediatrics, surgery, obstetrics/gynecology, and psychiatry from 32 medical schools in the United States. Six key competencies were assessed as to the level of student preparedness needed in preparation for the clerkships.

These included communication skills, professionalism, interviewing/physical examination, understanding life cycle changes, epidemiology, and understanding systems of health care. The survey revealed that 30-50 percent of students were less prepared than necessary in all six competencies. The clerkship directors identified the most important skill as interviewing/physical examination (32 percent), 21 percent said professionalism, 16 percent indicated epidemiology, 8 percent chose understanding life cycle stages, and 6 percent selected understanding systems of care. One of the lead authors, Hoangmai H. Pham, M.D., M.P.H., stated that, "Medical schools can improve teaching in chronic care by paying greater attention to specific methods of teaching."

(Windish DM, et al. "Do clerkship directors think medical students are prepared for the clerkship years?" and Pham HH. "Training U.S. medical students to care for the chronically ill." *Academic Medicine* 79: Issue 1. January 2004.)

# Medical Students Develop Vital Signs Module

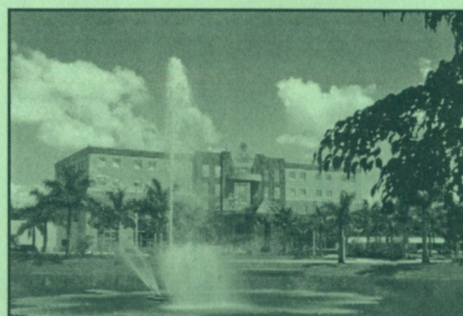
Eleven senior medical student volunteers at the University of Arkansas for Medical Sciences, College of Medicine, designed a vital signs module. It provided instruction, demonstration, evaluation, and feedback to small groups of first-year medical students (i.e., 4-5) in a simulated clinical setting. It was developed to meet objectives in the course Introduction to Clinical Medicine (ICM). The learning objectives included measuring blood pressure with a manual sphygmomanometer and stethoscope, measuring pulse manually, and recording respiration. Student teachers were provided with a lesson plan and guide for conducting the small group sessions prior to meeting with the first-year students, and they were briefed on learning objectives and teaching methods before the sessions.

To accommodate all the first-year students, there were three sessions scheduled in 45-minute blocks over a three-hour period in the first month of the first semester. Ten group sessions were conducted simultaneously in individual rooms in the Clinic Skills Center. During the sessions, students alternated practicing on each other. Senior student volunteers received a letter of appreciation that was placed in the dean's file and an Outstanding Scholastic Non-cognitive Award. The module coordinator and ICM course director were onsite for troubleshooting and observed the modules via video monitors. A student evaluation that was done in the second year of the project was rated 3.95 out of a possible 5 (i.e., "5" representing excellent).

(Dwyer GR, Deloney LA, Cantrell MJ, and Graham CJ. "The first clinical skill: Students teach students to take vital signs." *Medical Education Online*. 7:9; 2002. <http://www.med-ed-online.org>.)



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